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525 West Monroe Street, Suite 1600
Chicago, IL 60661-3693
312.902.5200 office 312.902.1061 fax

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| To Mail Stop Amendment - Commissioner for Patents | Company USPTO | Fax Number (703) 872-9306 | Phone Number |
| Date April 12, 2005 | Client/Matter Number 320400-00004 | | |
| From John S. Paniaguas | Attorney Number 32347 | | |
| Phone 312.902.5312 | Fax 312.577.4532 | | |
| Total number of pages, including cover letter: pages 13 If you do not receive all of the pages, please call: 312.902.5312 | | | |

Comments

RE: Patent Application No.: 10/617,477
Filing Date: July 11, 2003
Inventor: Steven Roy Lipscomb
Title: Game Table with Integral Lighting System
Confirmation No.: 3454

Please file the attached:
Transmittal Form (1 p.)
Fee Transmittal (1 p.)
Amendment (7 pp.)
Petition for Extension of Time (1 p.) in duplicate
Patent Application Determination Record (1 p.)

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T-156 P.02/13 F-724

APR 12 2005

PTO/SB/21 (09-04)

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| | | |
|---|------------------------|---------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/617,477 |
| | Filing Date | July 11, 2003 |
| | First Named Inventor | Steven Roy Lipscomb |
| | Art Unit | 3718 3711 |
| | Examiner Name | Collins, Deidra R. |
| Total Number of Pages in This Submission | Attorney Docket Number | 320400-00004 |

| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Patent Application Fee Determination Record |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|-------------------------------|----------|--------|
| Firm Name | Katzman Muchin Zavis Rosenman | | |
| Signature | <i>John S. Panagoras</i> | | |
| Printed name | John S. Panagoras | | |
| Date | 4-12-05 | Reg. No. | 31,051 |

| CERTIFICATE OF TRANSMISSION/MAILING | |
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| Signature | <i>Shelle A. Reitz</i> |
| Typed or printed name | Shelle A. Reitz |
| Date | 4-12-05 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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PTO/SB/17 (12-04v2)

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| | | | |
|---|--|---|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) FEE TRANSMITTAL For FY 2005 | | Complete If Known Application Number: 10/617,477 Filing Date: July 11, 2003 First Named Inventor: Steven Roy Lipscomb Examiner Name: Collins, Delores R. Art Unit: 3742-3711 Attorney Docket No.: 320400-00004 | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) \$60.00 | | | |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 50-1214 Deposit Account Name: Katten Muchin
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets: _____ Extra Sheets: _____ Number of each additional 50 or fraction thereof: _____ Fee (\$): _____ Fee Paid (\$): _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Payment for Extension of Time - 1 month

Fees Paid (\$)

\$60.00

SUBMITTED BY

| | | |
|-------------------------------------|---|--------------------------|
| Signature: <u>John S. Panagias</u> | Registration No. (Attorney/Agent): 31,051 | Telephone (312) 802-5260 |
| Name (Print/Type): John S. Panagias | Date: 4-12-05 | |

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APR 12 2005

PATENT
Attorney Docket No. 320400-00004

IN THE U.S. PATENT AND TRADEMARK OFFICE

Application No.: 10/617,477)
Filing Date: July 11, 2003)
Inventor(s): Steven Roy Lipscomb)
Group Art Unit: 3712 3711)
Examiner Name: Collins, Delores R.)
Customer No.: 27160)
Title: Game Table with Integral Lighting)
System)
Confirmation No.: 3454)

CERTIFICATE OF TRANSMISSION

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4-12-05
Date
Janelle A. ReitzMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450AMENDMENT

Sir:

In response to the Official Action mailed on December 14, 2004, please enter the following Amendment.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 4 of this paper.